



Finance Department | Revenue Division
39550 Liberty Street, Fremont, CA 94538
Ph: 510-494-4790 | Fax: 510-494-4754
www.fremont.gov

Business Tax Application

Business Tax # _____

New Business2nd LocationName ChangeLocation ChangeOwner Change

.....

Business Name: _____ Corporation Name (if different): _____

Fremont Business Location: _____
(cannot be P.O.Box)NumberStreetCityStateZip

Business Mailing Address: _____
NumberStreetCityStateZip

Business Phone: _____ Alternate/Cell: _____ Fax: _____

Email: _____ Website: _____

Description of Business: _____

Sole ProprietorCorporationLLCLLPPartnership

Seller’s Permit #: _____Federal Tax ID #: _____

State Contractor’s License #: _____Type: _____Exp: _____

Professional License #: _____Type: _____Exp: _____

Check appropriate box(es) for business activity. Write percentage if more than one business activity.

Retail Sales _____%	Warehousing _____%	Service _____%	Research & Development _____%
Wholesale _____%	Manufacturing _____%	Prof Service _____%	Property Management _____%
Real Estate _____%	Admin Office (no sales) _____%	Warehousing – Square Footage _____ sq. ft.	

Business Start date in Fremont: _____ Number of Employees at Fremont Location including owner: _____

Does your business involve: Importing Exporting None What is the square footage at your location? _____

Does your business share occupancy with another business, If yes list name of business: _____

If your business has a separate storage or corporation yard, indicate the location: _____

Please check here if you do not wish to have your business information listed on 3rd party business lists.

Owners, Partners, Corporate Officers

Owner Name: _____ Title: _____ Driver License #: _____
LastFirst

Home Address _____ Social Security #: _____

City, State, Zip _____ Phone #: _____

Owner Name: _____ Title: _____ Driver License #: _____
LastFirst

Home Address _____ Social Security #: _____

City, State, Zip _____ Phone #: _____

Owner Name: _____ Title: _____ Driver License #: _____
LastFirst

Home Address _____ Social Security #: _____

City, State, Zip _____ Phone #: _____

Payment of the business tax does not relieve the applicant/business of the requirement to comply with zoning, health, safety and other state, federal and city regulations.

Print Applicant’s Name: _____ Phone _____

I hereby certify under penalty of making a false oath that the information contained herein is, to the best of my knowledge and belief, a true and complete statement.

Signature of Owner or Authorized Agent

Date

Business Tax Application

Business Name: _____

Business Location: _____
(cannot be P.O.Box) Number Street City State Zip


OFFICIAL USE ONLY

Return to Revenue By: _____ Bldg. Insp. File #: _____

Taxpayer #: _____ MIS #: _____ S.I.C. _____

Occ. Grp.: _____ Constr. Type: _____

Zoning District		Appl. Recv'd	Reviewed (see Comments)	Name of Reviewer	Date
Zoning	494-4455				
Building Inspection	494-4460				
Fire/Hazardous Mat Dept.	494-4285				
Police Dept.	790-6972				
Health Dept.	567-6700				
Department	Reviewer Comments				
Department	Other Comments				



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All persons conducting a business in/from the City of Fremont are required to pay the City Business Tax (“License”) and any related fees. It is very important that the City has a correct and accurate record of your business.

The application for FREMONT BUSINESS TAX is subject to a review process.*

*In order to open a business, approval may be required from the Planning Division, Building & Safety Division, Police Department, Fire Department, and /or the Alameda County Health Department.